

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA**

IN RE THE MATTER OF:

CASE NO. 502015DR007674XXXXMB

DIVISION: FA

MATT COLIN,
Petitioner/Father,

and

KACIE DANAE HERRICK,
Respondent/Mother.

NOTICE OF FILING FINANCIAL AFFIDAVIT

COMES NOW the Father, Matt Colin, by and through undersigned counsel, and
files with the Court *Father's Original Financial Affidavit*.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY a true and correct copy of the foregoing has been furnished
in compliance with Rule 2.516, Florida Rules of Judicial Administration on October 13,
2015 to:

Christopher R. Bruce
Email: eservice@nugentlawfirm.com

SCHUTZ & WHITE, LLP

/s/ Jane W. Morin

Jane W. Morin
Florida Bar #0106243
Attorneys for Father
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Copies to: Father

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR Palm Beach COUNTY, FLORIDA

Case No.: 502015DR007674XXXXMB

Division: FA

Matthew Colin
Petitioner,

and

Kacie Herrick
Respondent.

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)
(\$50,000 or more Individual Gross Annual Income)

I, (full legal name) Matthew Colin, being sworn, certify
that the following information is true:

SECTION I. INCOME

1. My age is: 41
2. My occupation is: Teacher and Coach
3. I am currently
[Check all that apply]
 - a. ☐ Unemployed
Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive:

 - b. ☒ Employed by: Palm Beach County Schools
Address: 2101 Greenview Shores Blvd
City, State, Zip code: Wellington, FL 33414
Telephone Number: 5613334307
Pay rate: \$ 44,780 () every week () every other week () twice a month
() monthly (X) other: Annual

Employed by: Palm Beach County Schools
Address: _____
City, State, Zip code: _____
Telephone Number: _____
Pay rate: \$ 4,110 () every week () every other week () twice a month
() monthly (X) other: Annual

Employed by: Wolverine Skills
Address: _____
City, State, Zip code: _____
Telephone Number: _____
Pay rate: \$ _____ () every week () every other week () twice a month
() monthly (X) other: Annual

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: _____

c. ☐ Retired. Date of retirement: _____
Employer from whom retired: _____
Address: _____
City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME:	Matthew's Income	Kacey's Income(if known)
YEAR <u>2014</u>	\$ <u>51,985</u>	\$ _____

PRESENT MONTHLY GROSS INCOME:

1. 4,074 Monthly gross salary or wages
This income is dependent on participation and not guaranteed annually
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (Attach sheet itemizing such income and expenses.)
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Monthly alimony actually received (Add 9a and 9b)
9a. From this case: \$ _____
9b. From other case(s): _____
10. _____ Monthly interest and dividends
11. _____ Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)
12. _____ Monthly income from royalties, trusts, or estates
13. _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.)
14. _____ Monthly gains derived from dealing in property (not including nonrecurring gains)

Any other income of a recurring nature (identify source)

15. 66 Monthly business income _____

16. _____

17. \$ 4,140 TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1-16)

PRESENT MONTHLY DEDUCTIONS:

18. 430 Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
a. Filing Status Single
b. Number of dependents claimed 1
19. 253 Monthly FICA or self-employment taxes
20. 59 Monthly Medicare payments
21. 30 Monthly mandatory union dues
22. _____ Monthly mandatory retirement payments
23. 159 Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. _____ Monthly court-ordered child support actually paid for children from another relationship
25. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
25a. From this case: \$ _____
25b. From other case(s): _____

26. \$ 931 TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES
(Add lines 18 through 25)

27. \$ 3,209 PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD:

1. 750 Monthly mortgage or rent payments
Includes utilities
2. _____ Monthly property taxes (if not included in mortgage)
3. _____ Monthly insurance on residence (if not included in mortgage)
4. _____ Monthly condominium maintenance fees and homeowner's association fees
5. _____ Monthly electricity
6. _____ Monthly water, garbage, and sewer
7. _____ Monthly telephone
8. _____ Monthly fuel oil or natural gas
9. _____ Monthly repairs and maintenance
10. _____ Monthly lawn care
11. _____ Monthly pool maintenance
12. _____ Monthly pest control
13. _____ Monthly misc. household
14. _____ Monthly food and home supplies
15. 430 Monthly meals outside home
16. _____ Monthly cable t.v.
17. _____ Monthly alarm service contract
18. _____ Monthly service contracts on appliances
19. _____ Monthly maid service

Other:

20. _____
21. _____
22. _____
23. _____
24. _____

25. \$ 1,180 SUBTOTAL (add lines 1 through 24)

AUTOMOBILE:

26. 320 Monthly gasoline and oil
27. 50 Monthly repairs
28. _____ Monthly auto tags and emission testing
29. 109 Monthly insurance
30. _____ Monthly payments (lease or financing)
31. _____ Monthly rental/replacements
32. _____ Monthly alternative transportation (bus, rail, car pool, etc.)
33. 10 Monthly tolls and parking
34. _____ Other: _____

35. \$ 489 SUBTOTAL (add lines 26 through 34)

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36. 430 Monthly nursery, babysitting, or day care
37. _____ Monthly school tuition
38. _____ Monthly school supplies, books, and fees
39. _____ Monthly after school activities
40. _____ Monthly lunch money
41. _____ Monthly private lessons or tutoring
42. _____ Monthly allowances
43. _____ Monthly clothing and uniforms
44. _____ Monthly entertainment (movies, parties, etc.)
45. _____ Monthly health insurance
46. _____ Monthly medical, dental, prescriptions (nonreimbursed only)
47. _____ Monthly psychiatric/psychological/counselor
48. _____ Monthly orthodontic
49. 10 Monthly vitamins
50. _____ Monthly beauty parlor/barber shop
51. _____ Monthly nonprescription medication
52. _____ Monthly cosmetics, toiletries, and sundries
53. _____ Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)
54. _____ Monthly camp or summer activities
55. _____ Monthly clubs (Boy/Girl Scouts, etc.)
56. _____ Monthly time-sharing expenses
57. _____ Monthly miscellaneous

58. \$ 440 SUBTOTAL (add lines 36 through 57)

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:

(other than court-ordered child support)

59. _____
60. _____
61. _____
62. _____

63. \$ _____ 0 SUBTOTAL (add lines 59 through 62)

MONTHLY INSURANCE:

64. _____ Health insurance (if not listed on lines 23 or 45)

65. _____ 45 Life insurance

66. _____ Dental insurance

Other:

67. _____
68. _____

69. \$ _____ 45 SUBTOTAL (add lines 64 through 68)

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. _____ 50 Monthly dry cleaning and laundry

71. _____ 100 Monthly clothing

72. _____ 50 Monthly medical, dental, and prescription (unreimbursed only)

73. _____ Monthly psychiatric, psychological, or counselor (unreimbursed only)

74. _____ 75 Monthly non-prescription medications, cosmetics, toiletries, and sundries

75. _____ 75 Monthly grooming

76. _____ Monthly gifts

77. _____ Monthly pet expenses

78. _____ 89 Monthly club dues and membership

79. _____ 25 Monthly sports and hobbies

80. _____ 220 Monthly entertainment

81. _____ Monthly periodicals/books/tapes/CDs

82. _____ Monthly vacations

83. _____ Monthly religious organizations

84. _____ Monthly bank charges/credit card fees

85. _____ Monthly education expenses

Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)

86. _____
87. _____
88. _____
89. _____

90. \$ _____ 684 SUBTOTAL (add lines 70 through 89)

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances) List only last 4 digits of account numbers.

MONTHLY PAYMENT AND NAME OF CREDITOR(s):

91. _____ 50 Marriott Rewards Visa _____
92. _____
93. _____
94. _____
95. _____
96. _____

97. _____
98. _____
99. _____
100. _____
101. _____
102. _____
103. _____

104. \$ 50 **SUBTOTAL** (add lines 91 through 103)
105. \$ 2,888 **TOTAL MONTHLY EXPENSES:**
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses)

SUMMARY

106. \$ 3,209 **TOTAL PRESENT MONTHLY NET INCOME** (from line 27 of SECTION I, INCOME)
107. \$ 2,888 **TOTAL MONTHLY EXPENSES** (from line 105 above)
108. \$ 321 **SURPLUS** (If line 106 is more than line 107, subtract line 107 from line 106.
This is the amount of your surplus. Enter that amount here.)
109. (\$ 0) **(DEFICIT)** (If line 107 is more than line 106, subtract line 106 from line 107.
This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES

A. ASSETS (This is where you list what you OWN.)

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to asset(s) you are requesting the judge award to you.		B Current Fair Market Value	C Nonmarital (Check correct column)	
			Father	Mother
<input type="checkbox"/>	Cash (on hand)			
<input type="checkbox"/>	Cash on Hand	100	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cash (in banks or credit unions)			
<input type="checkbox"/>	Wells Fargo Checking [REDACTED] As of 09/08/15	1,916	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wells Fargo Savings [REDACTED] As of 10/05/15	1,757	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wells Fargo Savings [REDACTED] As of 10/05/15	64,351	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stocks / Bonds			
<input type="checkbox"/>	eTrade [REDACTED]	1,024	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Notes (money owed to you in writing)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Money owed to you (not evidenced by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Real estate: (Home)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	(Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Business interests		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Automobiles		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2006 Chrysler 300 Per KKB.com 10/09/15	3,962	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Boats		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other vehicles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>	School Board of Palm Beach School Board of Palm Beach County Tax Sheltered 403(B); As of 06/30/15	29,983	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FRS	Unknown	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Furniture & furnishings in home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Furniture & furnishings elsewhere		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Collectibles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jewelry		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Life insurance (cash surrender value)		<input type="checkbox"/>	<input type="checkbox"/>

ASSETS: DESCRIPTION OF ITEM(S)		Current Fair Market Value	Nonmarital (Check correct column)	
Check the box next to asset(s) you are requesting the judge award to you.			Father	Mother
<input type="checkbox"/>	Sporting and entertainment (T.V., stereo, etc.) equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other assets		<input type="checkbox"/>	<input type="checkbox"/>
Total Assets (add column B)		\$ 103,073		

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

A LIABILITIES: DESCRIPTION OF ITEM(S)		B Current Amount Owed	C Nonmarital (Check correct column)	
LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS Check the box next to any debts(e) for which you believe you should be responsible.			Father	Mother
<input type="checkbox"/>	First mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Second mortgage on home		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other mortgages		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Charge/credit card accounts		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Marriott Rewards Visa [REDACTED] As of 09/02/15	2,500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bank/Credit Union loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Money you owe (not evidenced by a note)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Judgments		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
Total Debts (add column B)		\$ 2,500		

C. NET WORTH (excluding contingent assets and liabilities)

\$ 103,073 Total Assets (enter total of Column B in Asset Table; Section A)

\$ 2,500 Total Liabilities (enter total of Column B in Liabilities Table; Section B)

\$ 100,573 **TOTAL NET WORTH** (Total Assets minus Total Liabilities)
(excluding contingent assets and liabilities)

D. CONTINGENT ASSETS AND LIABILITIES:

A Contingent Assets	B Possible Value	C Nonmarital (Check correct column)	
Check the box next to any contingent asset(s) which you are requesting the judge award to you.		Father	Mother
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Assets	\$ 0		

A Contingent Liabilities	B Possible Amount Owed	C Nonmarital (Check correct column)	
Check the box next to any contingent debt(s) for which you believe you should be responsible.		Father	Mother
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$ 0		

E. CHILD SUPPORT GUIDELINES WORKSHEET

Florida Family Law Rules of Procedure Form 12.302(e). Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[✓ one only]

✓ A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

— A Child support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS AFFIDAVIT AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND/OR IMPRISONMENT.

DATED: 10/13/15

Matthew Sean Colin
MATTHEW SEAN COLIN

STATE OF FLORIDA)

) ss:

COUNTY OF PALM BEACH)

NOTARIAL CERTIFICATE

Sworn to or affirmed and signed before me on this 13 day of October 2015 by Matthew Colin ☐ who is personally known to me or ☒ who has produced Florida Driver as identification.

Notarial stamp / seal:

Guadalupe Martinez
NOTARY SIGNATURE



Guadalupe Martinez
State of Florida

My Commission Expires 10/20/2018

Commission No. FF 170053